



Integrating Hepatitis C Treatment into Primary Care in a FQHC

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Bio:

- RN for 27 years
- 13 Years GLBHC current role HIV, HCV, Tobacco Cessation Clinical Nurse Mgr



Congratu

January 2017
Employee of the Month
Excellence Award



Barb Kish, NP

Great Lakes Bay Health
Janes St.

- Master's Degree from Purdue Univ. in Nursing, Major in Exec Leadership & Minor FNP
- Master's Thesis/EBP Integration of HCV Tx Into Primary Care in a FQHC

Introduction:

HEPATITIS C TREATMENT SUCCESS RATES: THEY'VE COME A LONG WAY

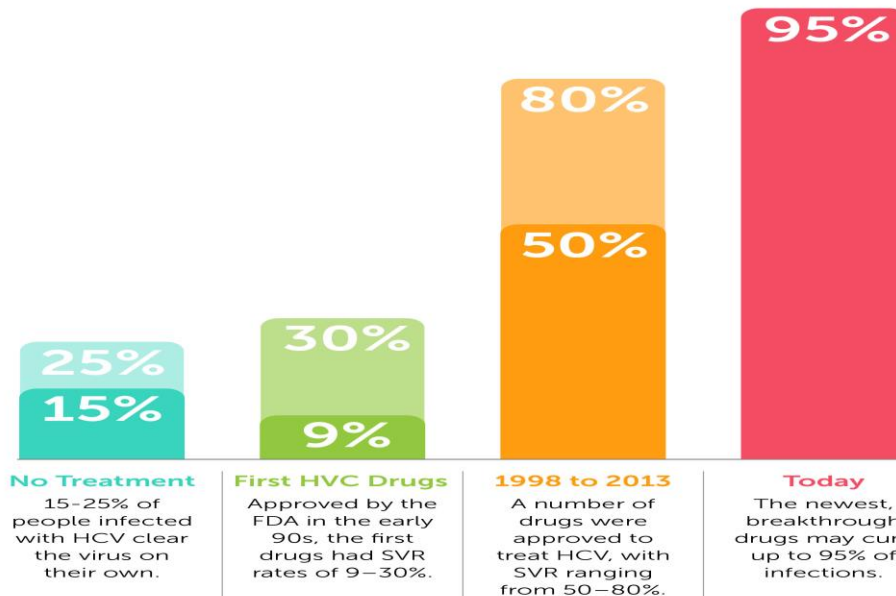
Hepatitis C is an infectious, blood-borne disease that damages the liver over time. But certain drugs can treat — and now cure — the disease.

SUSTAINED VIROLOGIC RESPONSE (SVR)

[SVR = No trace of hepatitis C virus (HCV) 24 weeks after treatment ends]



SVR RATES FOR HEPATITIS C



Sources: American Liver Foundation | Centers for Disease Control and Prevention | U.S. Department of Veteran Affairs

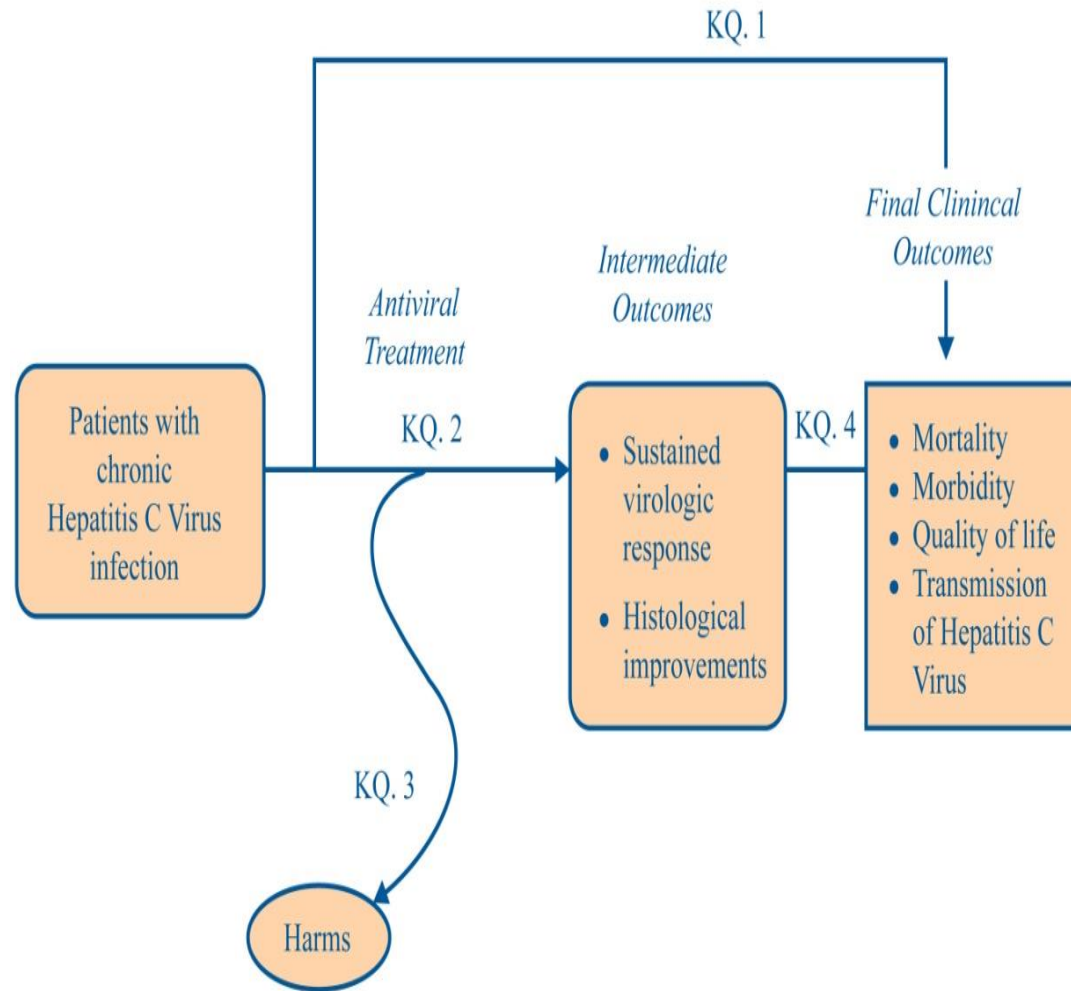
BROUGHT TO YOU BY  everyday HEALTH™

- ▶ Highly effective
- ▶ Short term treatment

- ▶ Well tolerated

Why Integrate HCV Tx into Primary Care?

- ▶ Increase access to HCV treatment
- ▶ Decrease cost
- ▶ Provide high quality care



- ▶ Decrease mortality, morbidity & improve quality of life
- ▶ Eventual HCV disease eradication

Literature Review:

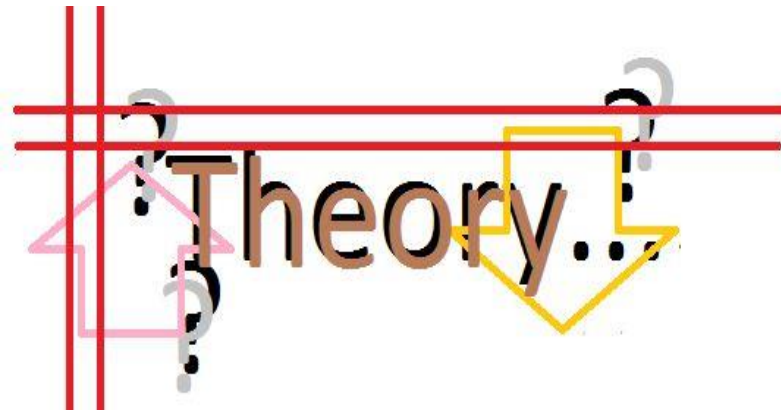
- ▶ “Hepatitis C guidance: American Association of the Study of Liver Disease (AASLD)- Infectious Disease Society of America (IDSA) recommendations for testing, managing, and treating adults infected with hepatitis C virus”
- ▶ “Next steps toward eradication of hepatitis C in the era of direct acting antivirals”



- ▶ “Health care use and spending for Medicaid enrollees in federally qualified health centers versus other primary care settings”
- ▶ “Hepatitis C - Assessment to Treatment Trial (HepCATT) in primary care: Study protocol for a cluster randomised controlled trial”

Theoretical Framework:

- ▶ Up to 3.5 million people infected with HCV in the United States (AASLD, 2015)
- ▶ Limited availability and relatively high cost of specialists



- ▶ The FQHC serviced 48,445 patients (GLBHC, 2017)
- ▶ This setting keeps the process affordable, while utilizing resources that are only available through the FQHC

Concepts:

- ▶ Integration of HCV treatment into the primary care setting of the FQHC
- ▶ Seamless transition from diagnosis to treatment
- ▶ Affordable care to HCV positive patients



- ▶ HCV specialty training for providers & staff at little or no cost
- ▶ Availability of comprehensive services under one roof

Target Audience:

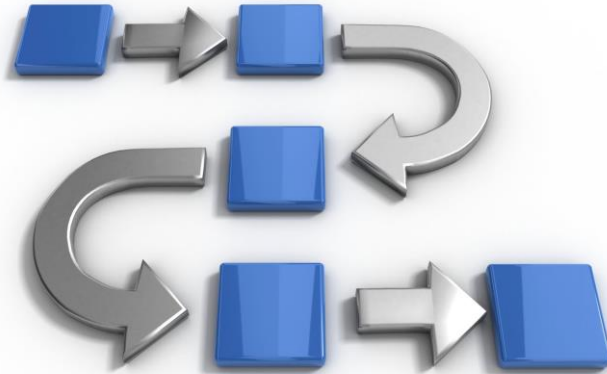
- ▶ Physicians
- ▶ Nurse Practitioners & Physician Assistants
- ▶ State & Federal HCV targeted Programs



- ▶ FQHC & health organization administrators
- ▶ Nurses
- ▶ Community Health Centers
- ▶ 340B Pharmacies

Methodology:

- HCV testing protocol in EMR
- Use evidence-based guidelines, research and data collected to elicit support from FQHC administration
- Develop HCV policies and protocols



- Over 700 HCV patients identified
- Healthcare providers trained using evidence-based treatment guidelines
- On-site services such as lab, primary care, 340B pharmacy & behavioral health

Insurance Coverage:

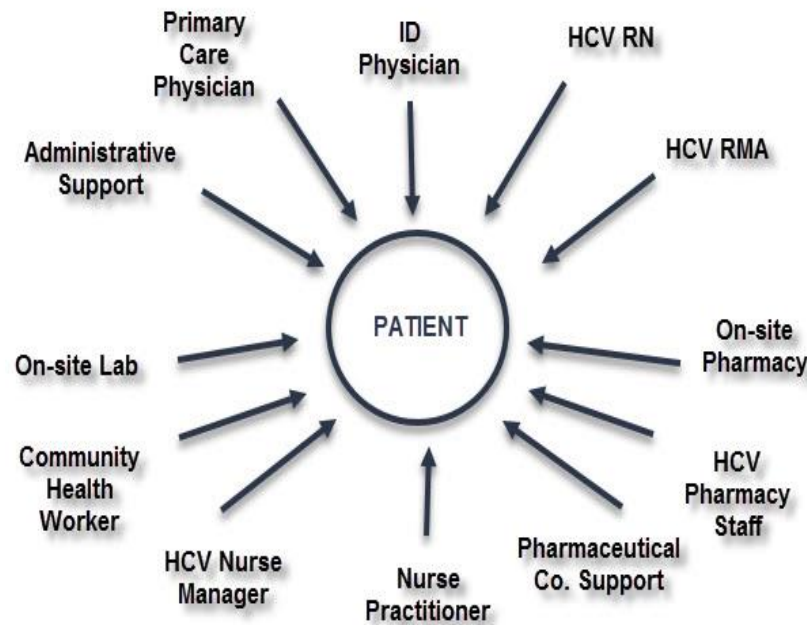
- ▶ Medicaid
- ▶ Healthy Michigan Plan



- ▶ Medicare
- ▶ Private Insurance

HCV Team:

- HCV Clinical Nurse Manager
- ID Physician for Consult
- Primary Care Providers: FNP, Physician
- HCV Registered Nurse
- HCV Registered Medical Assistant



- On-site Quest Lab
- On-site 340B Pharmacy
- HCV Pharmacy Staff
- Administrative Support
- Pharmaceutical Company Support
- Community Health Worker

340B Pharmacy

- ▶ The **340B Program** enables covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Manufacturers participating in Medicaid, agree to provide outpatient drugs to covered entities at significantly reduced prices.



- ▶ **Eligible health care organizations/covered entities** are defined in statute and include HRSA-supported health centers and look-alikes, Ryan White clinics and State AIDS Drug Assistance programs, Medicare/Medicaid Disproportionate Share Hospitals, children's hospitals, and other safety net providers

340B Drug Pricing Program, Official website of US Health Resources & Services Administration <https://www.hrsa.gov/opa/index.html>:

Community Collaboration, Partnerships & Stakeholders:

- Hospitals: St. Mary's Medical Center, CMU Medicine, Covenant Health Care
- Saginaw County Department of Public Health
- Saginaw County Jail
- Private Practice Physicians, NPs, PAs
- AIDS Service Organizations
- Michigan Primary Care Association



- Pharmacies
- On-site 340B Pharmacy
- Pharmaceutical Representatives
- Great Lakes Bay Health Centers Board of Directors
- Michigan Department of Health & Human Services
- Substance Abuse Rehabilitation Facilities
- Others

Analysis Plan:

- ▶ Reduced wait time from referral to first visit
- ▶ Reduce cost of delivery of care to HCV patient



- ▶ Safe, effective HCV care with positive outcomes
- ▶ Ultimate goal HCV eradication

Results:

- ▶ Decreased wait time from diagnosis to intake into the HCV program
- ▶ Standing orders allows RN to prepare patient for first visit with provider
- ▶ Nurse intake identifies needs and barriers



- ▶ Increased adherence
- ▶ Decreased anxiety
- ▶ Increased efficiency of time provider spends with patient
- ▶ Decreased wait time for PA approval

Conclusion/Summary:

- ✓ Increased testing & expedited referral to HCV treatment/care
- ✓ Faster PA approvals and appeals
- ✓ More effective, well tolerated treatment

Pre-HCV Integrated into Primary Care Program:

- ✓ 2014 -(28) treated
- ✓ 2015 - (41) treated



Post-HCV Integrated into Primary Care program:

- ✓ 2016 - (89) treated, 4 tx failures, 4 retreat w/1 tx failure
- ✓ 2017 - (107) treated, 5 tx failures, 5 retreated w/1 tx failure
- ✓ 2018 (July) - (49) treated, 0 tx failures

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